

Name
in
Full

Alexander Callum

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Arcomies</u> County		MARYLAND	
Date of death <u>1905 Dec.</u> Month		Day <u>30</u>	Years <u>80</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Somerset, Md.</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>widower</u>		Name of Wife or Husband <u>Jane Callum</u>			
Father's Name <u>not known</u>		Father's Birthplace <u>not known</u>			
Mother's Maiden Name <u>not known</u>		Mother's Birthplace <u>not known</u>			
Name of person giving information <u>Perry W. Slemons</u>		How related to deceased <u>Son-in-law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Apoplexy with Hemiplegia</u>	How long	<u>64</u>	For <u>4 weeks</u>
Immediate		How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Louis W. Gernie M.D.</u>		
		Address <u>Salisbury Md.</u>		
Accident or Suicide?				



Gertrude E. Denson

12/22/1905

CERTIFICATE OF DEATH

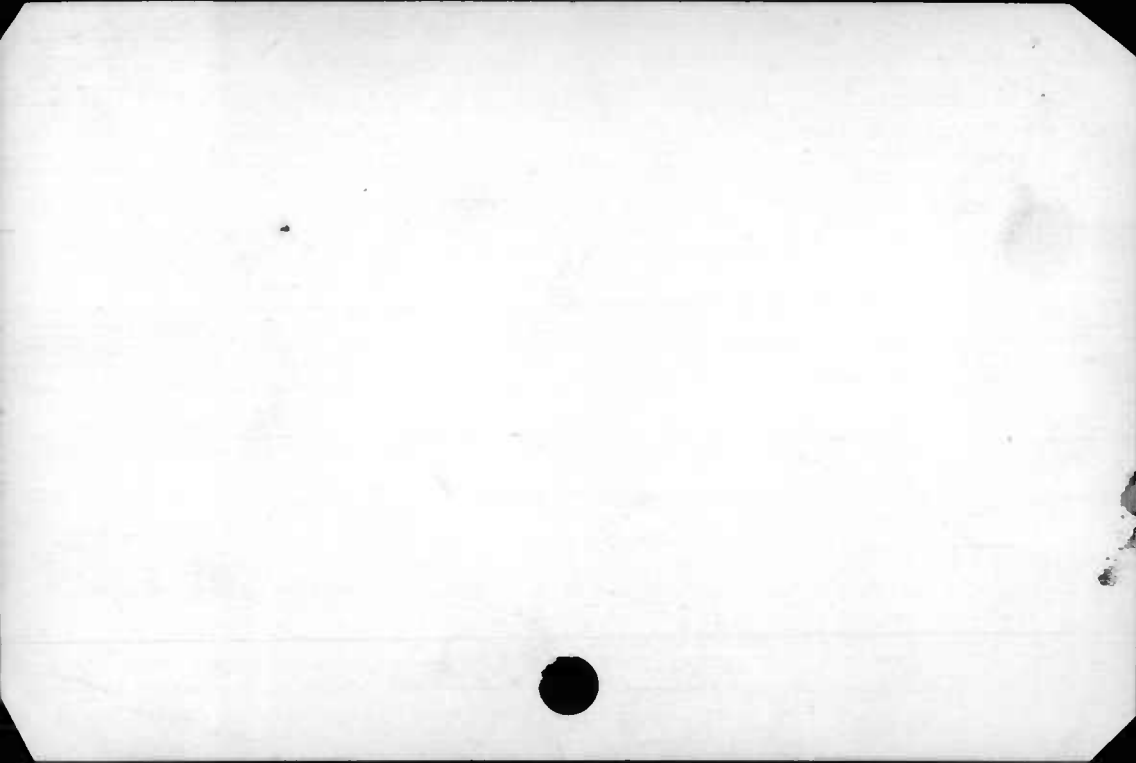
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Haven</i>		County <i>Nicomico (N.P.)</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>12</i>	Day <i>30</i>	Age <i>37</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico</i>		
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>White Haven</i>			
Married, Single or Widowed	Name of Wife Husband <i>Fred. L. Denson</i>		Father's Birthplace <i>Marina</i>		
Father's Name <i>Samuel F. Jackson</i>	Mother's Maiden Name <i>Mary A. Denson</i>		Mother's Birthplace <i>Marina</i>		
Name of person giving information <i>Fred. L. Denson</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Carter</i>
	Address
Accident or Suicide?	



Name
in
Full

Martha English

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Riverton</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>60</i>	Years <i>3</i>	Months <i>15</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Riverton</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William J English.</i>				
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>George Hutchinson</i>			How related to deceased <i>Son in Law.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>6 years</i>
Immediate <i>Paralysis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>W. N. Gassaway</i>
	Address <i>Shaylowne Md</i>
Accident or Suicide?	



Name
in
Full

Sarah E. English

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>her home</i>		Town <i>Wicomico</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>Dec</i>		Day <i>8th</i>		Age <i>64</i>	
Sex <i>Female</i>		Color or Race		Birth-place <i>md</i>		Months <i>—</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>W. L. English</i>					
Father's Name <i>Leviiah, Hastings</i>		Father's Birthplace <i>Delaware</i>					
Mother's Maiden Name <i>Sallie, Lowe</i>		Mother's Birthplace <i>Delaware</i>					
Name of person giving information <i>H. H. English</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long
Immediate <i>Paralytic stroke</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. L. English coroner</i>
<i>Mandela</i>	Address <i>spg, Md</i>
Accident or Suicide?	



Name
in
Full

Hellen Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Parsonsburg</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	1905	Month	Dec.	Day	3rd.
Age	5	Years		Months	
Sex	Female	Color or Race	White	Birth-place	near Parsonsburg Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Henry Ennis			Father's Birthplace	Wicomico Co. Md.
Mother's Maiden Name	Birdie Hammond			Mother's Birthplace	" "
Name of person giving information	Ernest W. Hammond			How related to deceased	Uncle

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Scarlet Fever</i>	How long	<i>10 days</i>
Immediate	<i>Toxaemia</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Louis Williams M.D.</i>	
		Address <i>Delaware</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

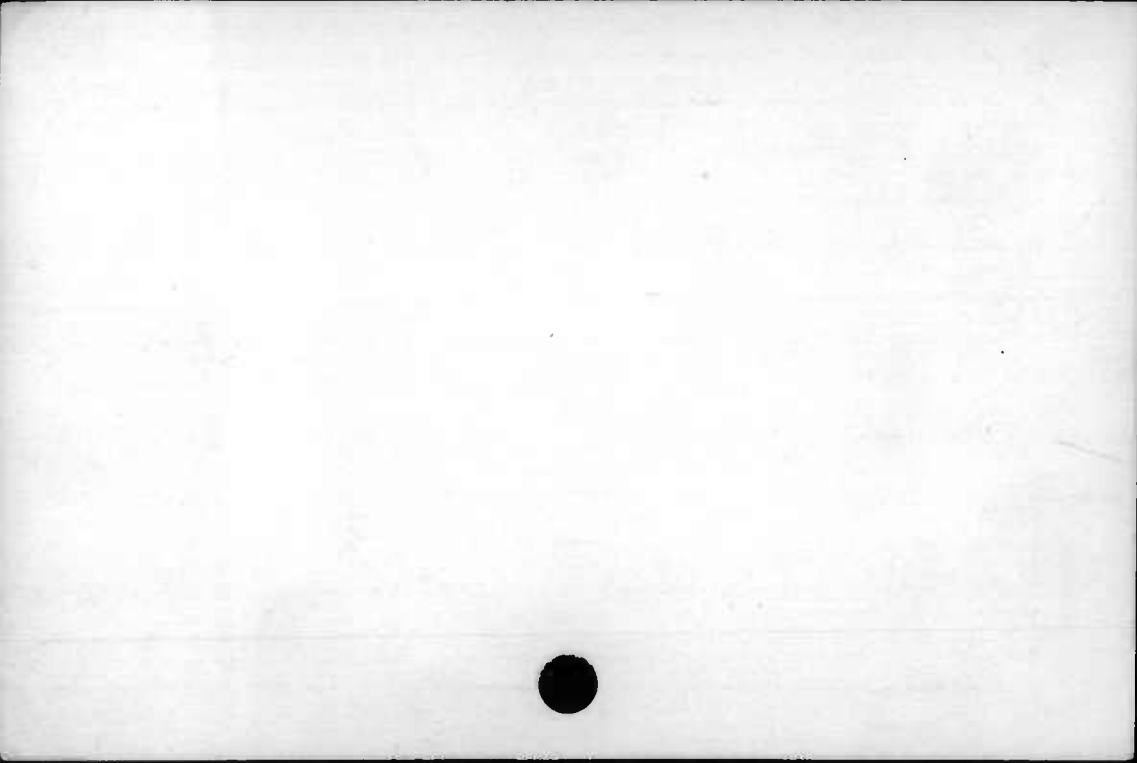
MARYLAND

Died at <i>Nantuxie</i> ^{Town}		<i>Stamices</i> ^{County}			
Date of death <i>1905-12</i>		Day <i>16</i>		Age <i>68</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Smiths Island</i>	
Occupation <i>housekeeper</i>		Where Residing if not at place of death <i>Nantuxie</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>Sallie J. Evans</i>			
Father's Name <i>Hamilton Bradshaw</i>		Father's Birthplace <i>Smiths Island</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Chas. S. Evans</i>		How related to deceased <i>youngest son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis, Pulm</i>	How long <i>15 Yrs.</i>
Immediate <i>Cardiac affection</i>	How long <i>2 Wks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Biles</i>
	Address <i>Nantuxie Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Martha Gamme

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mar Sharptown</i> <small>Town</small>		<i>Wisconsin</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i> <small>Month</small> <i>SEP</i> <small>Day</small> <i>25</i>		Age <i>45</i> <small>Years</small>		Months <i>4</i> <small>Days</small> <i>7</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Mar Sharptown</i>	
Occupation <i>House wife</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>George Gamme</i>			
Father's Name <i>—</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>Washington Gamme</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>4 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. S. Gravenor</i>	
		Address <i>No doctor</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

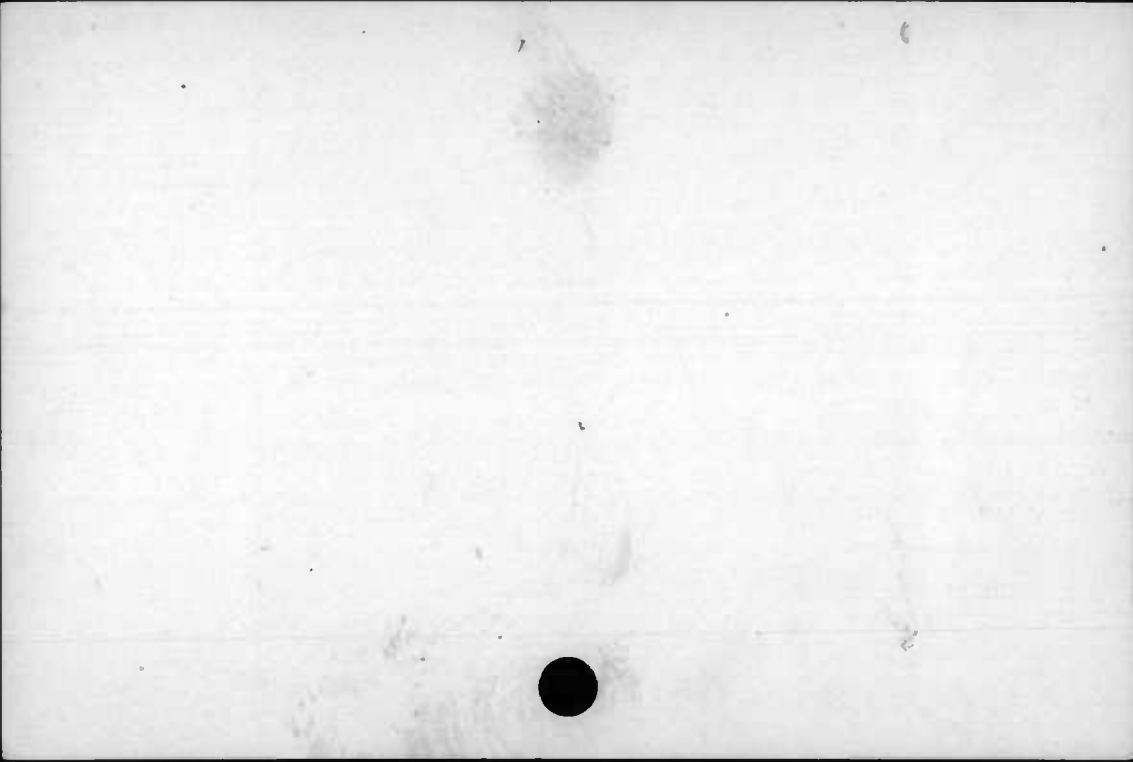
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Nesbitt R Groves		Town near Salisbury		County Wicomico		STATE MARYLAND	
Died at near Salisbury		Month Dec		Day 30		Years 55	
Date of death 1905		Month Dec		Day 30		Age 55	
Sex male		Color or Race white		Birth-place Pa			
Occupation Book keeper		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Annie B Groves					
Father's Name William F Groves		Father's Birthplace Ireland					
Mother's Maiden Name Don't know		Mother's Birthplace					
Name of person giving information Nesbitt R Groves Jr		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Dys crushed by train	How long
	Immediate	Hemorrhage & Shock	How long few hours
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James W. McCombs M.D.
			Address Salisbury Md.
Accident or Suicide?			



Name
in
Full

Frank M. Gunby

CERTIFICATE OF DEATH

Died at <i>Salisbury</i> ^{Town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>Dec</i> ^{Day} <i>8</i>		<i>Age</i> ^{Years} <i>24</i>		^{Months} ^{Days} <i>8</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation <i>Salesman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Louis M. Gunby</i>		Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Fannie Graham</i>		Mother's Birthplace <i>Md.</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks</i>
Immediate	<i>Perforation of the Bowel</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>F. M. Clements M.D.</i>	
		Address <i>Salisbury Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

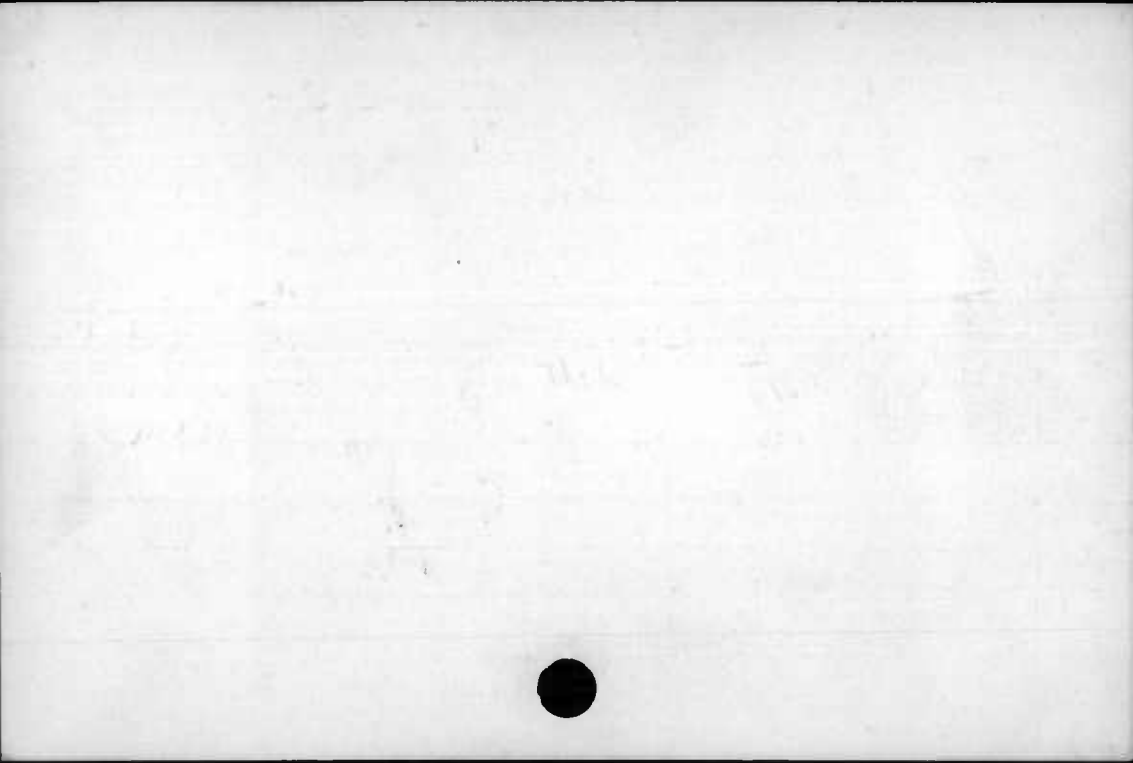
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George T Hudson</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		STATE <i>MARYLAND</i>	
Died at <i>Salisbury</i>		Month <i>Dec</i>		Day <i>28</i>		Age <i>51</i>	
Date of death <i>1905</i>		Months		Days			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Belle Hudson</i>					
Father's Name <i>Ebe Hudson</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Martha Melby</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Belle Hudson</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease (Acute)</i>		How long <i>2 weeks</i>	
Immediate <i>hemipia</i>		How long <i>few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. J. [unclear]</i>	
		Address <i>Salisbury, Md</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Nelson Sams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Home</i> ^{Town} <i>Whiton</i> ^{County} <i>Wicomico</i>		MARYLAND	
Date of death <i>1905 Dec</i>	<i>30</i> ^{Month} <i>Dec</i> ^{Day}	<i>6</i> ^{Years}	<i>13</i> ^{Months} <i>13</i> ^{Days}
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Whiton</i>	
Occupation		Where Residing if not at place of death <i>r</i>	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>William R. Sams</i>		Father's Birthplace <i>near Wango</i>	
Mother's Maiden Name <i>Mam E. Beethard</i>		Mother's Birthplace <i>near Powellville</i>	
Name of person giving information <i>Jm. E. Beethard</i>		How related to deceased <i>uncle</i>	

CAUSES OF DEATH

PHYSICIAN'
OR CORONER

Primary <i>Acute Laryngitis</i>	How long <i>3 days</i>
Immediate <i>Asphyxia</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. A. Holland</i>
	Address <i>Powellville</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

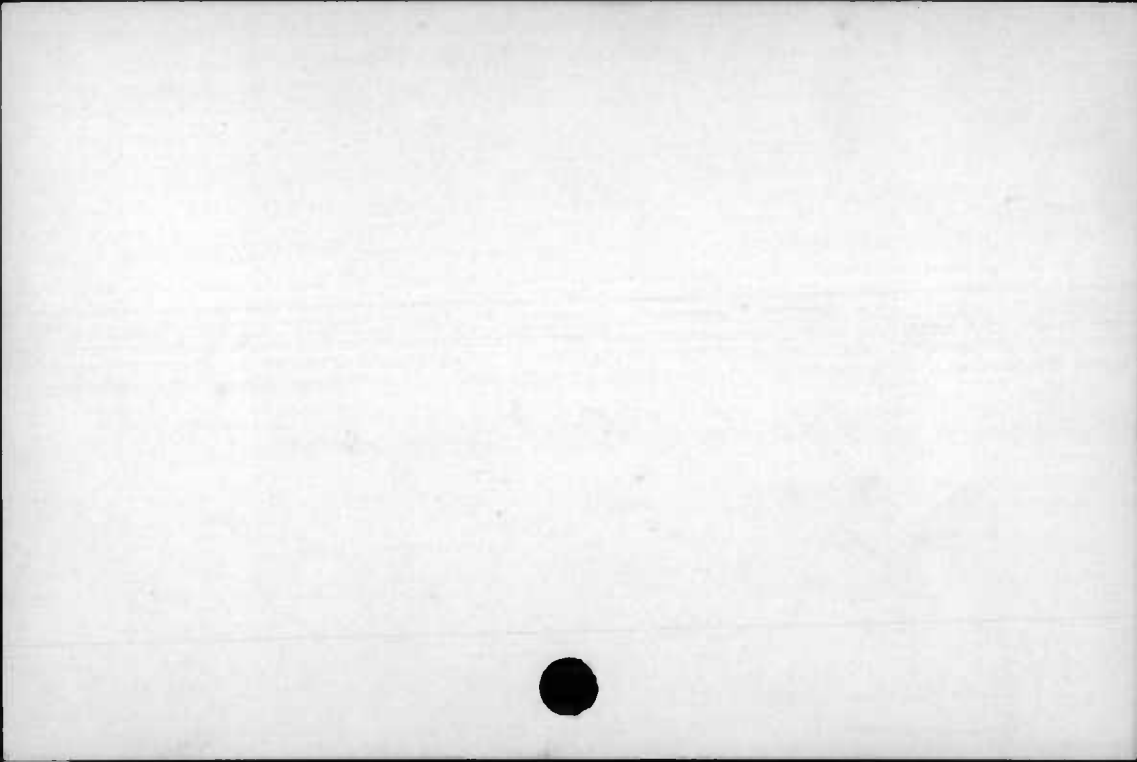
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Salisbury</i> ^{Town} <i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Dec.</i>	Day <i>30</i>	Age <i>18</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Worcester Co. Md.</i>	Months <i>2</i>
Occupation <i>School Girl</i>	Where Residing if not at place of death <i>At Father's house</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>J. H. Livingstone</i>	Father's Birthplace <i>Wicomico</i>		
Mother's Maiden Name <i>Gertie E. Ruark</i>	Mother's Birthplace		
Name of person giving information <i>John H. Livingstone</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Perforation of bowels & appendix</i>	How long <i>don't know</i>
Immediate <i>Peritonitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Allen* TownCounty *Wic*

Date of death 1905

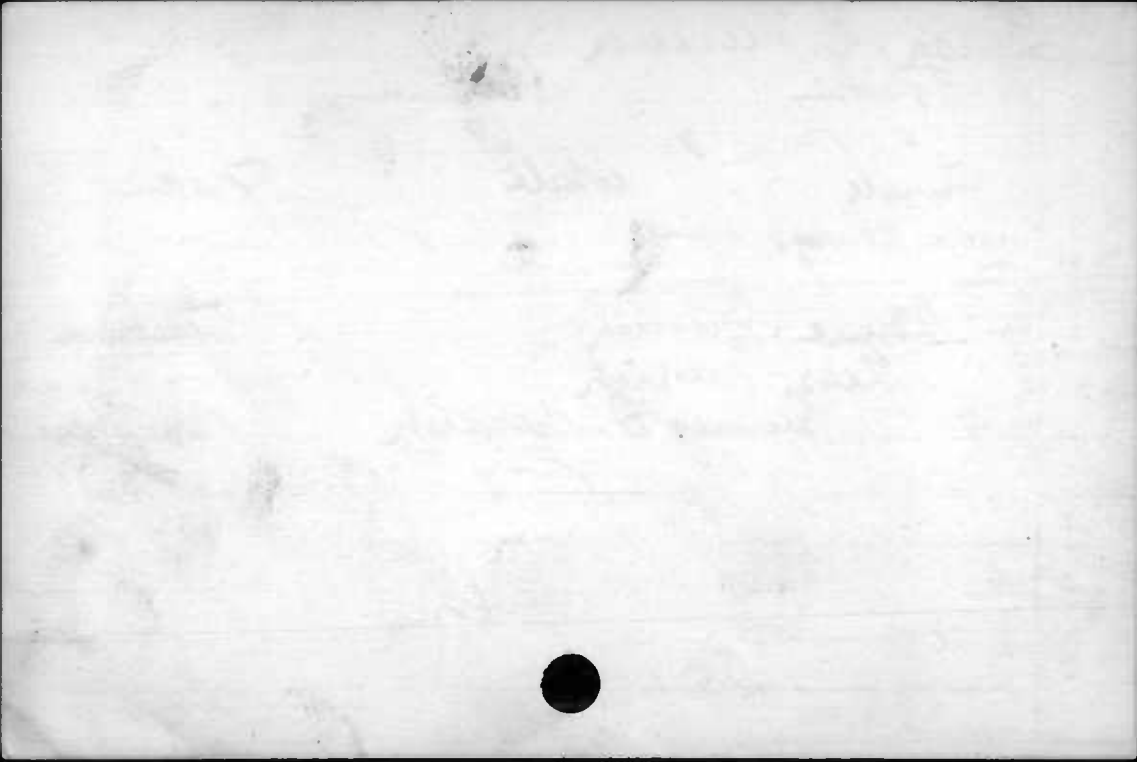
Month *12*Day *6*Age *65* YearsMonths *—*Days *—*Sex *Male*Color or
Race *African*Birth-
place *Dumfries Co*Occupation *Farming*Where Residing if not
at place of deathMarried, ~~Single~~
or ~~Widowed~~Name of Wife or
Husband *Dorothy P. Smith*Father's
Name *William McBride*Father's
Birthplace *Scotland*Mother's
Maiden Name *Dorothy Jones*Mother's
Birthplace *Scotland*Name of person giving
information *Daniel McBride*How related
to deceased *Brother*

CAUSES OF DEATH

Primary *Typhoid Fever*How long *5 weeks*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician *J. B. Smith*Address *Allen Md*~~Accident or Suicide?~~PHYSICIAN
OR CORONER



Name
in
Full

Luisa C. Murrick

CERTIFICATE OF DEATH

Died at Tyaskin Town

County

wiesner

MARYLAND

Date of death 1905

Month 12

Day 9

Age 69

Months

Days

Sex Female

Color or
Race

white

Birth-
place

Tyaskin

Occupation

none always blind

Where Residing if not
at place of deathMarried, Single
or WidowedName of ~~Wife or~~
HusbandFather's
Name

Isaac Murrick

Father's
Birthplace

Tyaskin

Mother's
Maiden Name

Leah Murrick

Mother's
Birthplace

u

Name of person giving
In formation

James I. Murrick

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Paralysis

How long

6 hrs

Immediate

Rapidly progressing paralysis

How long

In 3 da

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

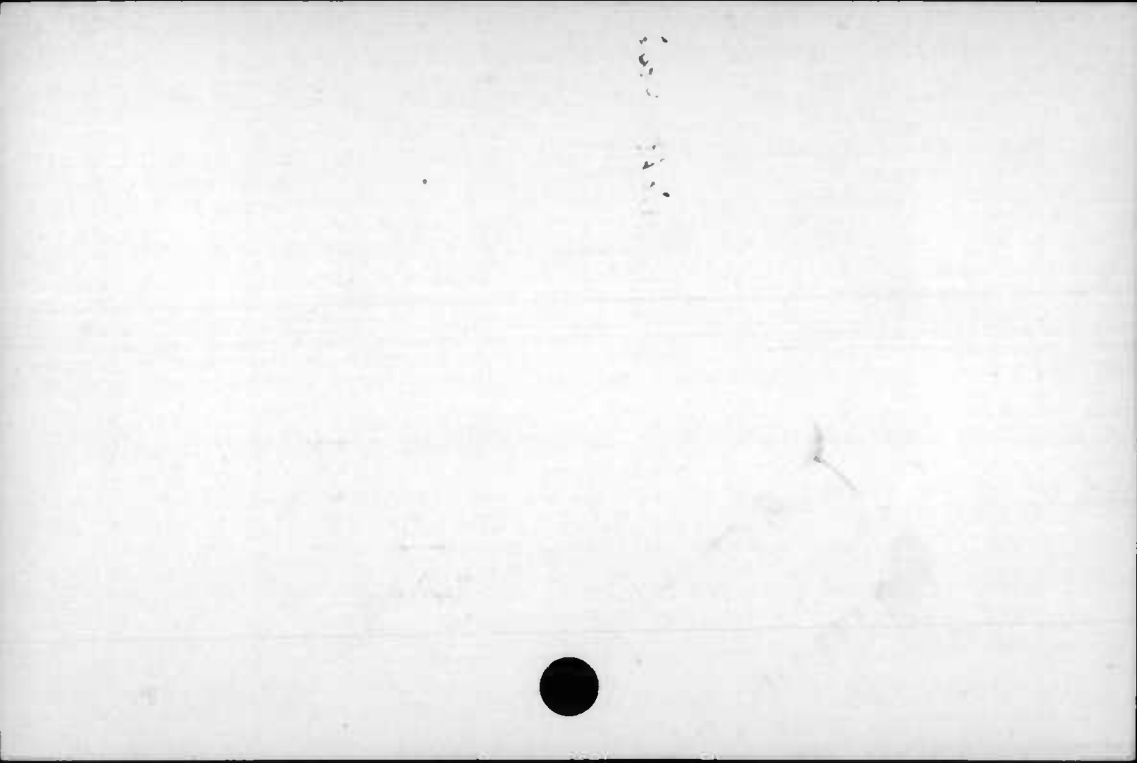
J. H. Burlew
Kauert
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

25
64
35
175
249
1843

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Salisbury</u> <small>Town</small>		<u>Micromia</u> <small>County</small>	
		Date of death <u>1905</u> <small>Month</small> <u>Dec.</u> <small>Day</small> <u>15</u> <small>Years</small> <u>32</u>		<u>MARYLAND</u> <small>Months</small> <small>Days</small>	
		Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Deals' Island</u>	
		Occupation <u>House work</u>	Where Residing if not at place of death <u>Penninsula General Hospital</u>		
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Parkinson</u>		
		Father's Name	Father's Birthplace		
		Mother's Maiden Name	Mother's Birthplace		
		Name of person giving information	How related to deceased		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Uterine carcinoma</u>	<u>42</u>		How long <u>6 months</u>	
	Immediate <u>Proctitis</u>			How long <u>6 days</u>	
	Are the name, age, sex, color, date and place correctly given above? <u>Y</u> <u>so</u>	Signature of Physician <u>J. M. F. Diehl</u>			
	Accident or Suicide? <u>no</u>	Address <u>Salisbury, Md.</u>			



Name
in
Full

Sarah Catherine Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Dec.</u> <small>Day</small> <u>31st</u> <small>Age</small> <u>61</u> <small>Years</small>		<u>61</u> <small>Months</small>		<u></u> <small>Days</small>	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Near Salisbury Md.</u>			
Occupation <u>Housekeeper</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Jacob C. Phillips</u>				
Father's Name <u>Hugh Jackson</u>		Father's Birthplace			
Mother's Maiden Name <u>Sarah Humphreys</u>		Mother's Birthplace			
Name of person giving Information <u>Carroll Phillips</u>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic myocarditis (fully)</u>	How long <u>1 yr & ar 1 1/2</u>
Immediate <u>Cardiac rupture</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
	Address <u>Salisbury, Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

G. W. Price

CERTIFICATE OF DEATH

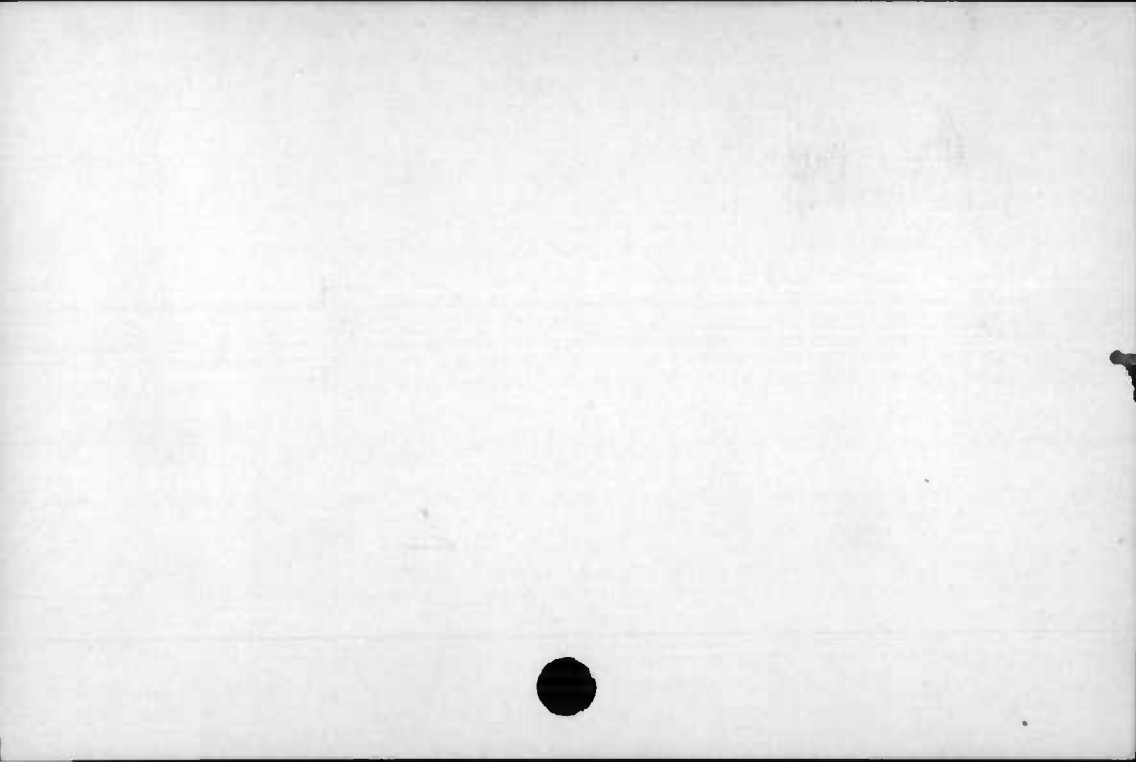
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Decbr. 26</i>		Age <i>26</i>		Months	Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Europe</i>			
Occupation <i>machinist</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Primary Pneumonia (Double)</i>	How long
Immediate <i>Toxaemia</i>	How long <i>9 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Louis W. Williams M.D.</i>
	Address <i>Salisbury Md.</i>
*Accident or Suicide?	



Name
in
Full

Ida L. Riell 12/22/V.

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

of death 1905

Month

12

Day

14

Years

28

Age

Months

1

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Typhoid

Occupation

Housekeeper

Where Residing if not
at place of death

"

Married, ~~Single~~
or ~~Widowed~~

Name of ~~Wife~~ or
Husband

Geo Riell

Father's
Name

H. C. Larmore

Father's
Birthplace

Typhoid

Mother's
Maiden Name

Mary A. Dickerson

Mother's
Birthplace

Typhoid

Name of person giving
In formation

Nera T. Denson

How related
to deceased

Sister

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

13

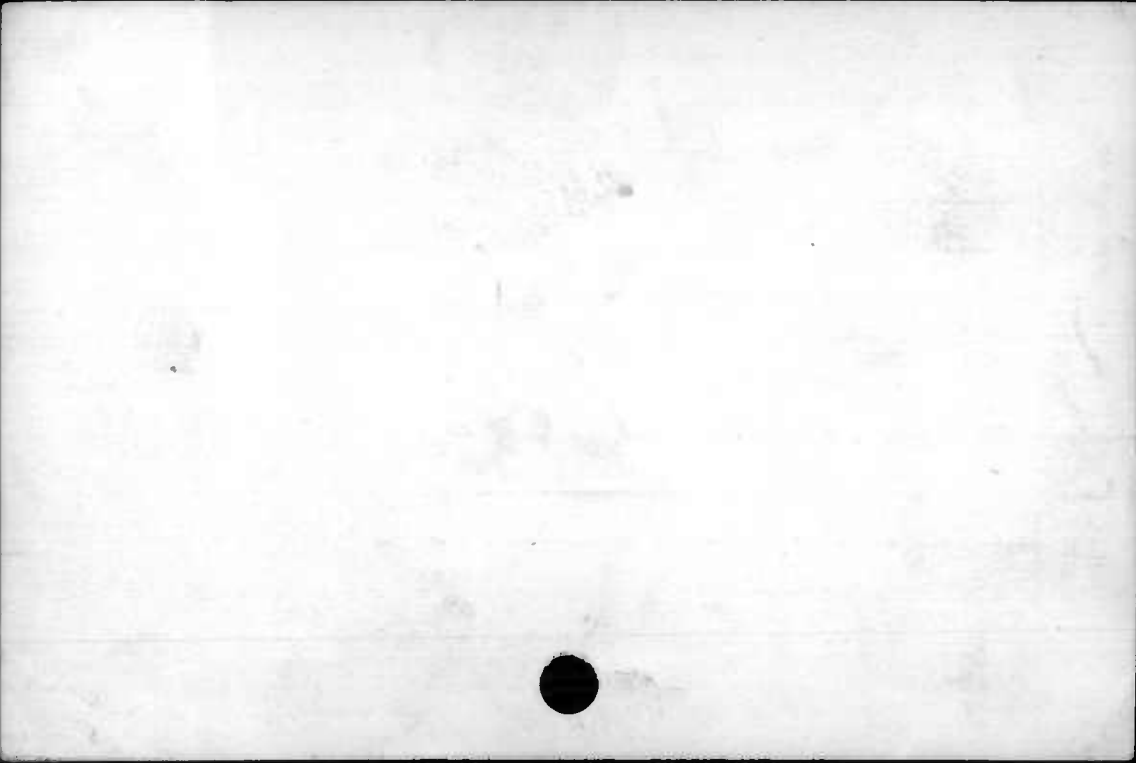
Address



Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

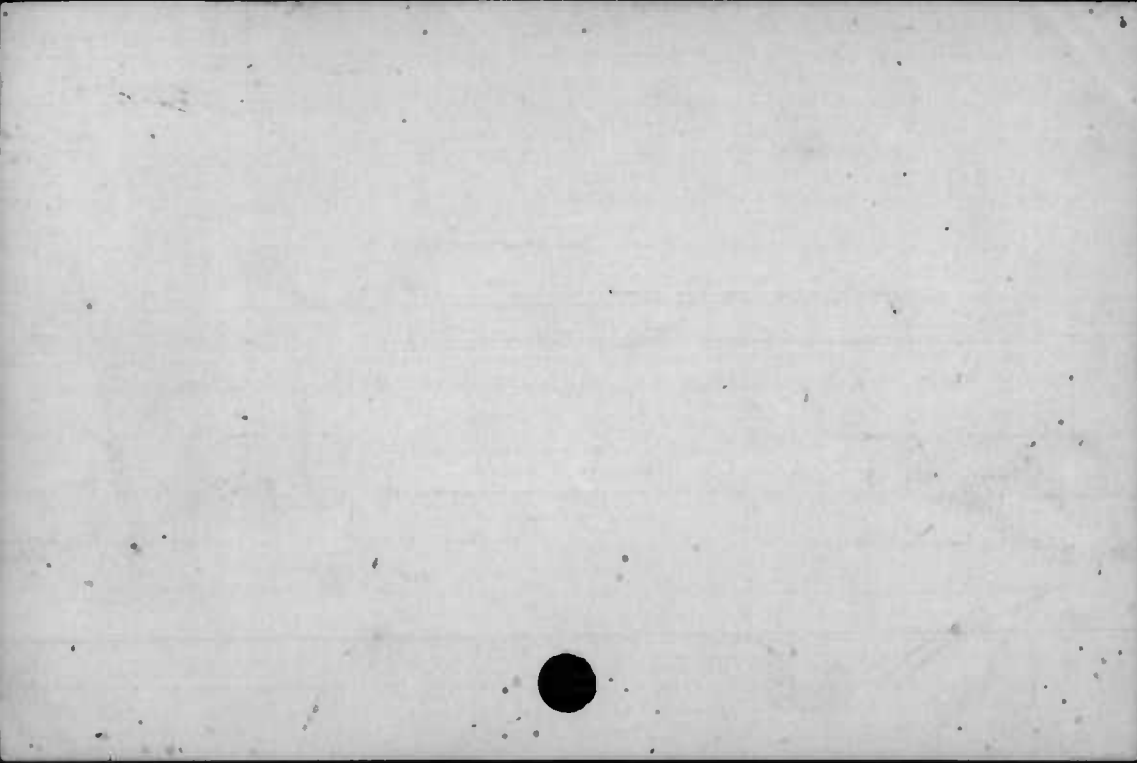
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harriet Lane, Ryan</i>		Town <i>Harriett</i>		County <i>Wicomico</i>		• MARYLAND	
Date of death	1905	Month	Dec	Day	9th	Age	80
Sex	Female		Color or Race	American		Birth-place	Millford Delaware
Occupation	House Wife		Where Residing if not at place of death				Harriett Spgs
Married, Single or Widowed	Widow		Name of Wife or Husband	Harriet J. Ryan			
Father's Name	Jonathan Millman				Father's Birthplace	Norfolk Va	
Mother's Maiden Name	Lillian Evans				Mother's Birthplace	Birmingham Ala	
Name of person giving information	J. M. Ryan				How related to deceased	Daughter	

CAUSES OF DEATH

Primary	<i>Bright's Paralysis</i>		How long	<i>Two weeks</i>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		Address		
<i>A. L. Lichner</i>		<i>Harriett Spgs Md</i>		
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

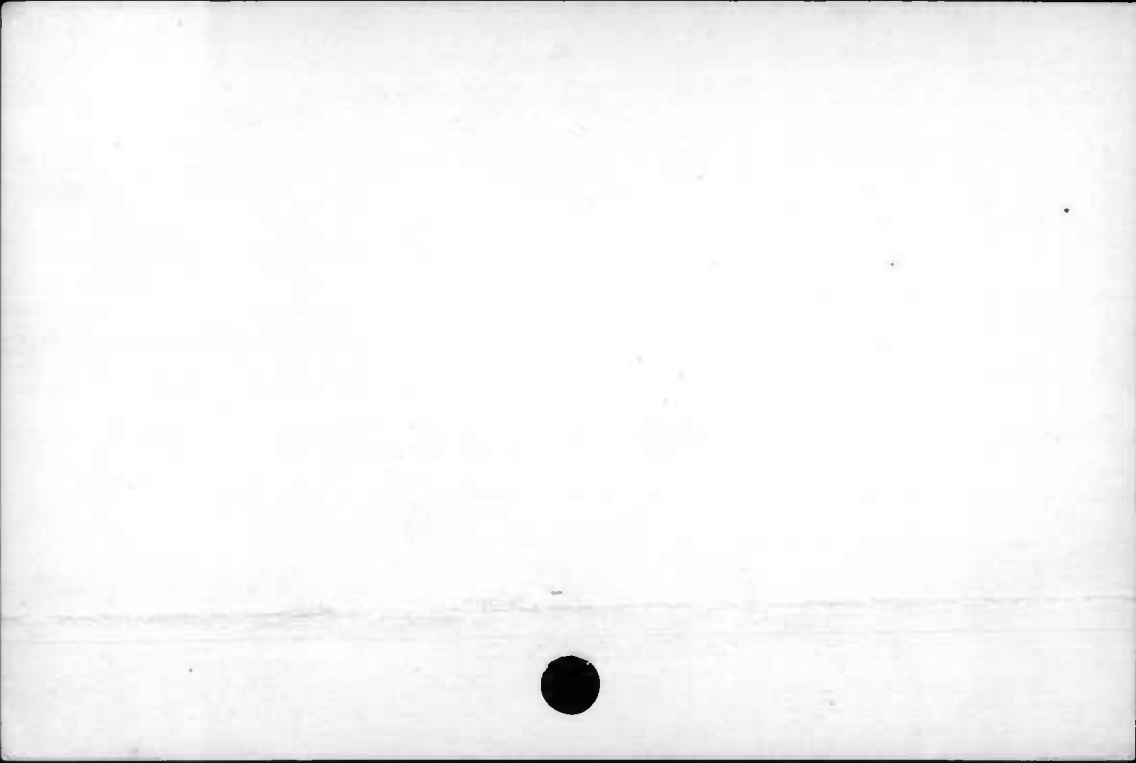
MARYLAND

Died at <i>Vanaticoke</i> ^{Town}		<i>Wicomico</i> ^{County}	
Date of death <i>1905</i>	Month <i>Dec</i>	Day <i>9</i>	Age <i>64</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Months <i>10</i>	Days <i>0</i>
Occupation	Where Residing if not at place of death <i>"</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sarah R. Turner.</i>		
Father's Name <i>John Turner.</i>	Father's Birthplace <i>Vanaticoke, Md.</i>		
Mother's Maiden Name <i>Alice Travers.</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Barrie Turner</i>	How related to deceased <i>Daughter.</i>		

CAUSES OF DEATH

Primary <i>Chronic Intermitte Hepatitis</i>	How long <i>2 yrs.</i>
Immediate <i>Initial regurgitation</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Bishop</i>
	Address <i>Vanaticoke Md</i>
Accident or Suicide?	

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Bessie C. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> <small>Town</small>		<u>Wicomico</u> <small>County</small>		MARYLAND	
Date of death	<u>1905</u> <small>Year</small>	<u>Dec.</u> <small>Month</small>	<u>21st</u> <small>Day</small>	<u>19</u> <small>Years</small>	<u>4</u> <small>Months</small> <u>8</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Near Delmar in Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>In Salisbury Md.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>John H. Williams</u>	Father's Birthplace <u>Near Delmar in Md.</u>				
Mother's Maiden Name <u>Ida G. Laws</u>	Mother's Birthplace <u>Near Pittsville Md.</u>				
Name of person giving information <u>C. Edgar Laws</u>	How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bright's Disease</u>	How long <u>6 years</u>
Immediate <u>Uræmia</u>	How long <u>24 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. J. Smith</u>
	Address <u>Salisbury, Md.</u>
Accident or Suicide? <u>—</u>	

